2411 N. Charles St., Baltimore

13/0

09318

### CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Colch	(For newborn infants give residence of mother)
Cily or town (If outside city or town limits Frite RUKAL and give nearest town)	State County
	City or town Daleia Russal.
How long in above place of death?	(If outside city or town limits, write RÜRAL and give nearest town)
0001 31 - 0140()	Street No
The state of the s	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
George a Briscot	<b>2</b> .
4. Sex 5. Color or race 8. (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
201 C 2111	20. DATE OF DEATH 23 Sept 1948 21 11:30 P.
11 Widowed	
8.(b) Name of husband or wife Katte Briscol	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	15 Sept 1948 10 23 Sept 1948
7. Birth date of	and that I last saw hither allve on 23 Sept. 1949
deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years   Months   Days   If less than one day	Broncho preumonia 2 days
64 mar 28hrs.	
na d	Due to Arterioscleratic Heart Disease loyears
9. Birthplace	
10. Usual occupation. Colora	Benign nephroselerosis tolyears
	Due to
11. Industry or business	Remian prostatic hypertrophy 10 years
E 12. Name Uriscol	Other conditions Benigh prostatic hypertrophy Oyears
13. Birthplace	(Include pregnancy within 3 months of death)
14. Malden name. C. Princel  15. Birthplace	L
e e sidhalan	Major findings of operations
115. birtinplace	Date of op.
18. Informant O. O. Ca. Ca. Ca.	Autopsy results.
Address 7010 Delansen St Ph	PHYSICIAN: Please underline the cause to which death should be charged statistically.
R 0	22. VtOLENCE: If death was due to external causes, fill in the following;
(Burlal, cremation, or removal. Which?)  Date thereof (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cremetery Stive Hill	Whore did injury occur? (City or town) (County) (State)
H 100 >	
Location Sture Tell Tol	tnjured at home, farm, industry, public ptace (where?)
to. Funeral director Cutter O. Caulk	Means of injury injured at work?
10-01 01 000	100 00 111111 40
Address & The Miles	23 SIGNATURE Blaus H Thucher H.D.
" Sept 76 1048 Flytraser	1/ 1/ Fact bd M. D. or other
(Date roc'd by registrar) Regis	trar Address MOFTH EGSC Ma Date signed of Jept 41

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. Is especially important. Physicians: please write the causes of death clearly and legal MARGIN RESERVED FOR BINDING

RECEIVED

SEP 30 1948

BUNFAU Y. 5

2411 N. Charles St., Baltimore

09319

### CERTIFICATE OF DEATH

96 Reg. Diat. No ...

1. PLACE OF DEATH:  County Cou	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State West Vac Coucly Hancock  City or town (If outside city or town limits, write RURAL and give nearest town)  Street No. 1070 Third Street (If rural, give LOCATION)  2.(a) til veteran, name war.
3.(a) FULL NAME BULAICH, George	3. (b) Social Security Number None
4. Sox   5. Color or raco   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white Married	20. DATE OF DEATHSeptember 15. 19.48 at 1:30 Pl
6.(b) Name of hughing for wife Anna Sompin  6.(c) If alive, give age years 7. Birth dato of Name of Na	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  March 19. 19. 32. 10. Sept. 15. 19.48.  and that I last saw h. imalive on September 15. 19.48.
deceased (mo., day, yr.) March 24, 1888	Immediate cause of death
8. AGE: Years   Months   Days   tf less than ono day	Chronic myocarditis and myocardial Unknown degeneration
9. Birthplace Tol. Servia (Town, eounty, and state)  10. Usual occupation Mill worker  11. Industry or business	Due 10
12. Name	Other conditions
14. Malden name Sara — deceased Servia	General Paresis (Include pregnancy within 3 months of death)  Majar fiadiage of aperatians.  None.  Dale of op.
16. Informant Hospital records  Address VAH, Perry Point, Md.	Autapsy results
Removal  (Burlal, cremation, or removal, Which?)  Cemetery or crematory.  Baltimore National Cemetery	22. VfOLENCE: If death was due fo external causes, fill in the following:  Accident, suicide, or homicide. Dato of  Where did injury occur? (City or town) (County) (State)
Location Baltimore, Maryland	Injured at home, farm, Industry, public place (where?)  Mssns of injury
18. Funeral director, PENNINGTON & SON Address Havre de Grace, Md.  19. Left 17. 19 48 Son E Danglier (Date rec'd by registrar) (Date rec'd by registrar)	A.E. TROLLINGER, M.D., Chief, Professional Svc

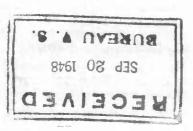
Registrar Address VAH Perry Point, M

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and MARGIN RESERVED FOR BINDING PLAINLY, vis especially

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CERTIFICA	Reg. Diat. No.
1. PLACE OF DEATH:  County  City or town.  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospital, institution, or street address where death occurred:  How long in hospital or institution?  3. (a) FULL NAME	2. USUAI. RESIDENCE (HOME) OF DECEASED:  (For rewborn infants give residence of mother)  State  Caunty  City or town  (If outside city or town limits, write RURAL and give nearest town)  Street No.  (If rural, give LOGATION)  2.(a) It veleran, name war.  3. (b) Social Security Number
4. Sex 5. Color or race (a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION  20. DATE OF DEATH. Sept- 11 1948 at 3 A m
8.(c) Name of husband or wife Concline W. Davis  8.(c) If alivs, give age years  7. Birth dats of deceased (mo., day, yr.) Oct 29° 188°3  8. AGE: Years   Months   Bays   If less than one day    8. Birthplace   Town, county, and attack    10. Usual occupation   Town, county, and attack    11. Industry or business   Farmer   Percept    12. Name   Percept    13. Birthplace   Percept    14. Same   Percept    15. Sirthplace   Percept    16. Same   Percept    17. Same   Percept    18. Same   Percept    19. Same   Percept    19. Same   Percept    10. Usual occupation   Percept    11. Industry or business   Percept    12. Name   Percept    13. Birthplace   Percept    14. Same   Percept    15. Same   Percept    16. Same   Percept    17. Same   Percept    18. Same   Percept    19. Same   Percept    20. Same   Percept    21. Same   Percept    22. Same   Percept    23. Same   Percept    24. Same   Percept    25. Same   Percept    26. Same   Percept    27. Same   Percept    28. Same   Percept    29. Same   Per	21. I CERTIFY that death occurred on the date above stated; that t attended decessed from  Sept. O. 19.4.8. to 19.4.8.  and that t last saw h. S. alive on fight of 19.4.8.  Immediate cause of death flamous familiary OURATION  Oue to.  Oue to.  Diher conditions flamous accounts
14. Maiden name Philla, Plan  15. Birthplace Philla, Plan  16. Interment Philla, Plan  Address Klundyville Vd  17. (Hurial, crassation or removal. Which?)  Cemetery or crematory florest Censula middlesus  Location Paul  18. Funeral director florest Quantal  19. Funeral director florest Quantal  19	(Include pregnancy within 3 months of death)  Major findings of aperations.  Date of op.  Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically.  22. VIOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide.  Whers did injury occur?  (City or town)  (County)  (State)  Injured at home, farm, industry, public place (where?)  Means of injury  Injured at work?
Address middlelbru fil 19 19 Sept 1 19 48 Margaret & Cheyney (Date of d by registrar) 19 48 Margaret & Cheyney	23. SIGNATURE HAMANILLIA M. D. or other M. D. or other M. D. or other M. D. or other M. Date sighed 11/48

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The rest is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING PLEA'SE WRITE

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200	MARILAND STATE DE	les St., Baltimore
ect	CERTIFICAT	TE OF DEATH Reg. Dist. No
M	1. PLACE OF DEATH: COUNTY.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newbory infants give relidence of mother)
	Cily or town	Slate County Cou
carefull arly and	How long in above place of death?	(If outside city or town limits, write RURAL and give near
on ca	How long In hospital or Institution? Q 4 Long The	(If rural, give LOCATION)  2.(a) If veteran, name war
information carefull, of death clearly and	3. (a) FULL NAME alice vern	ory. 3. (b) Social Security N
inf	4. Sex 5. Color or race 6.(a) Single marged Owed, by divorced	MEDICAL CERTIFICATION
of of	or col single	20. DATE DF DEATH September 3 19 4 8
item item	6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated; that I attended decease
BI ary the	6.(c) If alive, give age years	
C est	7. Birth date of deceased (mo., day, yr.) Aril 30 1948	and that I last saw halive on
	8. AGE: Years Months   Days   It less than one day	Immediaickanse of death of
/EI Sup	4 4hrsmin.	The state of the s
RESERVED FOR SUPPLY INK. Supply	9. Birtholace Officer Caller med.	Due to Meningelis
RGIN RESEI ADING INK. Physicians: p	(Town county, and state)	
0.9	10. Usuat occupation	Due to.
kGI VDI Phy	11. Industry or business	
and the	12. Name Jimwood Wise, 13. Birthplace on Maryland	Diher conditions
MA UNE tant.		(Include pregnancy within 8 months of death)
TENE	14. Malden name Clina Chroy  15. Birthplace A Maryland.	Major findings of operations.
	∑ 15. Birthplace	
ally,	16. Informant COULD COUNTY	Antopsy results
CAINLY, especially	Address Cecillar GMC	22. VIOLENCE: If death was due to external causes, fill in the following:
	17. (Buriai, cremation, or removal, Wyol) Date thereof (1991) (day) (year)	Accident, suicide, or homicide
n	Cemelery or crematory Glorid Ciallon Md.	Where did injury occur?
RIT	Location acidem sono	Injured at home, farm, industry, public place (where?)
.6 M	bellion & the laws	Means of Tajury Injured at work?
TO E	18. Funeral director	//V/0 Da Saa, M/ (Medical
A15 EASI	Address Millington Mig.	G. Landon Wor Con
VS VS	19. Sept 4 19. 48 Ill Srager (Date ye'd by registrar) (Date ye'd by registrar)	Added Crain of Sur Mil. Bate signer.

OF DECEASED f mother) its, write RURAL and give nearest town) ve LOCATION) 3. (b) Social Security Number CERTIFICATION bove stated; that I attended deceased from ...19 ..... DURATION months of death) which death should he charged statistically. auses, fill in the following: (County) (State)



2411 N. Charles St., Baftimore

09322

Reg. Diat. No. 96

3. (b) Social Security Number

Unknown

CERTIFICATE OF DEATH 1. PLACE OF DEATH: Cecil County Perry Point, Maryland
(If outside city or town limits, write RURAL and give nearest town) State Maryland How long in above place of death? 5 days Hospital, Instilution, or street address where death occurred: VA Hospital. Perry Point. Md. How long in hospital or institution? 5 days 3. (a) FULL NAME HYLAND. Charles R. 6.(a) Single, married, widowed, or divorced male white Divorced Unknown Jan. 20. 1898 deceased (mo., day, yr.) 8. AGE: Years Months Davs If less than one day 50 26 0 Maryland (Town, county, and atate) 10. Usual occupation Carpenter 11. Industry or business Unknown 12. Name Unknown 13. Birthplace Unknown 14. Maiden name.... 2 15. Birthplace Unknown Hospital Records 16. Informant..... VAH. Perry Point. Md. Address Burial Date thereof 9-19-48 17. BUTIEL
(Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Angel Hill Cemetery Where did Injury occur? ..... Havre de Grace, Md. Injured at home, farm, Industry, public place (where?) 18. Funeral director Masns of Injury PENNINGTON & SON Havre de Grace Old

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) Harford Havre de Grace (If outside city or town limits, write RURAL and give nearest town) 358 Bourbon Street (If rural, give LOCATION) 2.(a) If veteran, name war.....

MEDICAL CERTIFICATION

20. DATE DF DEATH. September 16. 19 48 . 8:30 AM 21. I CERTIFY that death occurred on the date above slated: that I attended disceased from September 11, 1948 16 Sept. 16, 1948 and that I last saw him alive on September 16. 19.48 DURATION Pneumonia, bronchial, bilateral 4-5 days Oue to Status epilepticus Cerebral hemorrhage
(Include pregnancy within 3 months of death) Major findings of operations..... Date of on. Autopsy results Same as above PHYSICIAN: Please usderline the eause to which death should be charged statistically. 22, VIOLENCE: If death was due to external causes, fill in the following: 

injured at work?

(County)

orrect age

BINDIN FOR RESERVED



### CERTIFICATE OF DEATH

			91
D	Dien	N-	71

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For fewborn infants give sidence of mother)
Cily or fown	State
(If outside city or town limits, write RUEAL and give neared toyn) How long in above place of death?	City or town fill outside city or town hands, write Bullen and give neuron own
Hospital, Institution, or sireef address where death occurred:	Street No.
	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
4. Sey 5. Color or race 6. (a) Single, married, widowed, or divorces	MEDICAL CERTIFICATION
mall that massing	20. DATE OF DEATH September 18 19 49 of 51 0A M
8,(b) Name of the spanning of wife A Mile A definition	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
A6.(c) if alive, give ago years	19 f 10 Left 28 18 4 8
7. Birth dato of	and that I last saw hammalive on
deceased (mo., day, yr.) Alcumus Ac 1889  8. AGE: Yoars   Mooths   Days   If less than ono day	Immediate cause of death
5-8min.	Carlie mondar rend 13 mont
Rusting of	Duo 1a Challand
9. Birthplace (Fown, conpts, and atate)	DUU (
10. Usual occupation	Due fa
11. industry or business	Jul 14
置 12. Name	Other conditions
3. Birthplace Musitation	(Include pregnancy within 8 months of death)
14. Maldon name DA OSA ALSALIA TO SALAR STATES	(Include pregnancy within 8 months of death)  Major findings of operations.
15. Birthplage	Dato of op.
Chara Mara Saliela	Antopsy results.
18. Intermant of Management of	PHYSICIAN; Please underline the cause to which death should be charged statistically.
Address Character and The	22. VtOLENCE: tf death was due to external causes, fill in the following:
(Burial, eremation, or rentorin, Which?)	Accident, suicide, or homicide
dt land	Where did injury occur? (City or town) (County) (State)
la les about he hade held	
Location Land for State of the	Injured at home, farm, Industry, public place (where?)
18. Funeral director	Means of Injury Injured at work?
Address Cheton MA	23. SIGNATURE A Nons M
108 Sht 29ª 1949 Mys hashes #14	23, SIGNATURE M. D. or other
(Dyte rec'd by registrar) Registrar	Address Date signed Date signed

rect age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The co is especially important. Physicians: please write the causes of death clearly and legibly.



RECEIVED

OCT 1 1948

BUREAU V. S.

### CERTIFICATE OF DEATH

	harles St., Baltimore
CERTIFIC	CATE OF DEATH Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For powhorn infants give residence of mother)
City or town (If outside city or town limits, write RURAL and give nearest town)	State City or town rural Rissing Sum
How long in above place of death?	(if outside city or town limits, write RURAL and give nearest town)  Street No
How long in hospital or institution? 2 has	2.(a) it veteran, name war
3. (a) FULL NAME GEORGE SAMUE Baly MacCaule	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male White Single	MEDICAL CERTIFICATION  20. DATE OF DEATH SELAT. 7 19 48 21/2 =
6,(5) Name of hueband or wife	Of E OFFICE that doubt assured on the date above stated; that I offeeded deceased from
2 (a) Mahan aina an	10
7. Birth date of deceased (mo., day, yr.) Sett. 16, 1948	and that I last saw h
8. AGE: Yeare Months Days It less than one day	Immediate calce of death DURA
01/to C0 110	min. Somma fertatales
9. Birthplace	Due to Heydro elf kala
1D. Usual occupation	Due to
11. Industry or business  12. Name Everett Machany	Dither conditions
13. Birthplace West Chester Pal	(Include pregnancy within 3 months of death)
14. Maiden name Marie Kelley  15. Birthplace Roanska Va.	(include pregnancy within 5 months of death)  Major findings of operations.
\$ 15. Birthplace Roanska Va.	Date of op.
16. Informant Except moetauly.	Autopsy results PHYSICIAN: Please underline the cause to which death abould be charged statistically.
Address Maing & Un. mg.	22. VIOLENCE: It death was due to external causes, till in the tollowing;
17. (Burial, cremation, or removal, Which?)  Bate thereof (month) (day) (year)	
Cemetery or crematory	Where did Injury occur?
Location Marchael A. M.	Injured at home, farm, Industry, public place (where?)  Meens of Ohjury  Injured at work?
18. Funeral director	10016-1-2-110
Address tusing sun mg	23 Northern M. D. or other
19. Octo 7 19 48 T 8 Srange (Date rec'd by registrar) (Regis	strar Addréss Claude Seu More signo 17-

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WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

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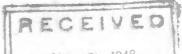
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: County Cecil	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town Perry Point, Maryland (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Months 16 days	State Maryland County Baltimore	
How long in above place of death?	City or town. Caltimore (If outside eity or town limits, write RURAL and give neal Street No. 919 Cathedral Street	rest town)
How long in hospital or institution? 6 months 16 days	(If rural, give LOCATION)  2.(a) If veteran, name war	<i>J</i>
3.(a) FULL NAME MC KEWEN, William A.	3. (b) Social Security 1	Number
4. Sox S. Color or race S. Color or race WHITE SINGLE	MEDICAL CERTIFICATION  20. DATE OF DEATH	, at9:45P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended decea February 18, 19 48, 10 September	13 . 19 48
7. Birth dato of deceased (mo., day, yr.) October 28, 1896	and that I last saw h. im. alive on September 3, 1948.	DURATION
8. AGE: Years Months Daye if less than one day 51 10 6hrsmin.	PNEUMONIA PRONCHIAL	4 days
8. Birthplace Baltimore, Maryland (Town, county, and state)	Due to CARCINOMA OF THE PANCREAS	Unknown
1D. Ueual occupation Clerk	Due to ARTERIOSCLEROSIS GENERALIZED	Unknown
12. Name William A. McKewen  13. Strtholaco Baltimore, Maryland	Dther conditions	
14. Malden nameAnna Carroll Sherlock	(Include pregnancy within 3 months of death)  Major findings ol operatioes	
16. Informant Hospital Records	Actors y resolts	
Address VAH, Perry Point, Maryland  17. (Burial, cremation, or removal, Which?)  18. (month) (day) (year)	22. VIOLENCE: if death was due to external causee, fill in the following:  Accident, suicide, or homicide	
Cemetery or crematory National	Where did injury occur?	(State)
Location Baltimore, Maryland	Injured at home, farm, industry, public place (where?)	***********************
18 Europe disease Comment of Comments	Meene of Injury tnjured at work?	-
Address Havre De Grace, Maryland	23. SIGNATURY L- Z LUBERL	uge
19 Sept 19 48 Janua & Manufacture (Datofree'd by registrar) Registrar		9-4-48



SEP 7 1948

BUREAU V. S.

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

09326

### CERTIFICATE OF DEATH

	Neg. Dist. 140.
2. USUAL RESIDENCE (HOME) OF D (For powhorn infants give residence of mot	ECEASED:
City or town Waynesboro	Franklin
Street No. (If rural, give LO: World War	

MEDICAL CERTIFICATION

How tong in hospital or institution?....25...Years...8...Nonths...15...Days..... 3.(a) FULL NAME

1. PLACE OF DEATH:

Edward Middower

How long in above place of death? 25 Years 8 Months 15 Days

V.A. Hospital, Perry Point, Maryland

Perry Point, Maryland
(If outside city or town limits, write RURAL and give nearest town)

Cecil

Hospital, Inelitation, or street address where death occurred:

3. (b) Social Security Number

I. Sex	5. Color er race	S.(a)Single	, married, widowed, or divorced
Male	White	Sim	gle
S.(b) Name of hueband	or wife		) II alive, give ageyeare
7. Birth dale of deceased (mo., day, y	n) Novemb	er 29	, 1890
8. AGE: Yeare	The second secon	Daye	If less than one day
57	9	20	hremin.
8. BirthplaceF.I	ranklin Cour (Town, ex Horticult		ennsylvania
1. Industry or businees			
12. Name	Unknown	•••••••••	
14. Maiden name	Unknown "		
16. Interment HO	spital Reco Perry Point		
Burial, cremstion,	or removal. Which?)	Bate There	(month) (day) (year)
	Green H		
Location Way	mesboro, Pe	ennsy	vania.
18. Funeral director	WALTER Y. GR	OVE, F	UNERAL DIRECTOR,
Address W	aynesboro,	Penns	ylvania.
(Date rec'd by reg	19 19 48	- La	Registrat

INEDIONE C	ERTH TOATTO	• •
D. DATE DE DEATH September 18	19.	48, 3:
t. I CERTIFY that death occurred on the date a	bove stated; That taltend	ed deceased from
2/23/23	10 9/18	10 /
nd that I last saw h i.Malive onSer	rember18,	19.Al
mediate cause at death Tubercul	ozra,	DURATIO
ulmonary, Bilateral,	Extensive.	
		***************************************
ue to		
ie to		
her conditione		
(Include pregnancy within 8	months of death)	
ajur fiadings ul operations		
and medical of operations		
Co		
stopsy results Same as a		
HYSICIAN: Please underline the cause to	vnich desta snowid de c	narged statisticany.
2. VIOLENCE: If death was due to external ca	weee, fill in the following	1
cident, eulcide, or homicide	Date o	f
	(Comman)	(State)
(City or town)	(County)	
there did Injury occur?(City or town) ijured al home, farm, Industry, public place (		

Professional Services, Perry

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MILLIAND BURNELLE HILL

2411 N. Charle	St., Baltimore
CERTIFICAT	E OF DEATH Reg. Dist. No. 90
/	Reg. Dist. No
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For powbgrn infanty give residence of mother)
County	State Mde of coughy Cecil
City or town	
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	Street No.
	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Harriett Ida	adley none
4. Sex 5. Celor er race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temol White Widowed	20. DATE OF DEATH. Seft 10 18 48 21 5:30 A
Margar Parle	21, I CERTIFY that death occurred on the date above stated; that I attended deceased from
8,(b) Name of husband or wife	Jan 5 18 40 10 Sept 10 19 4
7. Birth date of	and that I last eaw h alive on Seft 9 19.4.
deceased (mo., day, yr.) ang, 31, 1069	Immediata cause of death DURATION
8. AGE: Yeare Months Daye If tess than one day	Carpinsons desiane 81/2 gar
84hrs.,min.	(Carlysis agetrus)
9. Birthplace Maryland.	Due to
(Town, county, and atate)	
10. Usuat occupation Pour Miles	Due to
11. Industry or bueineee	
12 Name William Fragmen	Dther conditions
13. Birthplace	
many France	(Include pregnancy within 3 months of death)
I 14. Maiden name	Major findings of aperatians
\$ 15. Birthplace md.	Date of op.
18. Informant man forman Mulchy	Actory results
Address Cerillon md.	PHYSICIAN: Please ouderline the cause to which death should be charged statistically.
Burial Est 12/948	22. VIOLENCE: If death was due to external cauces, till in the following;
(Burial, cremation, or renoval. Which ) (month) (day) (year)	Accident, euicide, or homicide
Cemetery or crematory	Where did injury occur?
Location Cocallary Bul.	Injured at home, farm, industry, public place (where?)
Colina do Ar Many	Meene of Injury Injured at work?
18. Funeral director	200 00 00 00
Addrese Ceallon mg,	23 SIGNATURE allan R. Cruckley M. P
10 Soft 11-1906 Man Houses Will hower	3. SIGNATURE M. D. or other
(Date rec'd by registrar)	Address Date eigned

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2411 N. Charfes St., Baltimore

### CEDTIFICATE OF DEATH

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	TE OF DEATH Reg. Diet. No.
I. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(For newborn infants give residence of mother)
E Olitan Russ	State Md. County Cleck
(If outside city or town limits, write RURAL and give nearest town)	Polita Russ
low long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	
	Street No
How long in hospital or Institution?	2.(a) If veteran, name war.
3 (a) FIIII NAME	10.23.0 410 4 31 3
Beatrice Irena P	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Hemale white married	20. DATE OF DEATH DO 10 T. 26 1948 1 6 0.
6.(b) Name of husband or wife E. Ray Rugh	21. I CERTIEY that death occurred on the date above stated; that I attended deceased from
	V4/48 1948, 10 SOPT26 194
7. Birth date of	and that I last saw h. L. M. alive on Sept. 28 194.
deceased (mo., day, yr.) 80, 6, 1883	
8. AGE: Years   Months   Days   It less than one day	Immediate cause of death DURATION
64 11 20	***************************************
7 7 7	and Gall Blavder
9. Birthplace grant Va	Due to
(Town, county, and ctate)	
10. Usual occupation	
	Due to
11. Industry or business	-
E 12. Name Unandu young	Other conditions None
\$ 13. Birthplace Edglimate Va	
E mary Pierre	(Include pregnancy within 8 months of death)
14. Maiden name Mary Pierce  15. Birthplace Va.	Major findings of operations Carcinona as above
≥ 15. Birthplace Va.	Matestasis to Liver Date of on July 30.19.
OR. D.	
18. Interment	Antopsy results.  PHYSfCfAN: Please underline the cause to which death should be charged statistically.
Address Ellaton. md. R. J. D 45-	
Busial 2014 20 19.10	22. VfOLENCE: If death was due to external causes, fill in the tollowing;
(Burial, cremation, or removal Which?)  Date thereof. (month) (day) (year)	Accident, suicide, or homicide
( Shorre Hall	
Cemetery or crematory	Where did injury occur?
Location Outside & Elston	Injured at home, farm, industry, public place (where?)
18. Funeral director A. E. Typoon	Means of Injury Injured at work?
Address of Rising & an my	Oh. P. land H. Morros a her ha
	23. SIGNATURE
" dep2) "49 Immorther ator	SOO A M. D. or other

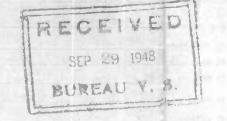
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PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct is especially important. Physicians: please write the causes of death clearly and legibly. MARGIN RESERVED FOR BINDING

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THE STATE OF THE S



2411 N. Charles St., Baltimore

# CERTIFICATE OF DEATH

			-	
Reg.	Dist.	No.	9	2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newboyn infants, give residence of mother)
County	State. 9 Gounty
City or town	City or town (If outside city or town limits, write RURAN and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 1144 - 65 8t.
How long in hospital or institution?	(If rural, give LOCATION)
Joln Lawrence. Rane	2 (1) 6 : 16 : 11 1
4. Soy 5. Color or race 6.(a) Single, married, widowed, podivorced	MEDICAL CERTIFICATION
In Muite Sengle.	2D. DATE OF DEATH Sept. 28 1948,6150
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give age	ears 19
7. Birth date of deceased (mo., day, yr.) au 25 1919.	Immedial cause of death Duration
8. AGE: Years Months Days If less than one day  3hrs	lo graduce t
menor Chala hu	A
9. Birthplace	Velleenalie fert
10. Usual occupation	Due to
11. Industry or business	Other conditions.
12. Name Lands Venuer	
14. Malden name filres a Colosfume 15. Birthplace new york.	(Include pregnancy within 3 months of death)
15. Birthplace how york.	Major findings of operations.  Date of op.
16. Informant Dy & Dais	Autopsy results
Address Chisafeals City Md	- PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial, cremation, or removal, Which?)  Date thereol Settler 1 / 48 (Burial, cremation, or removal, Which?)	22. VIOLENCE: If death was due to external causes, fill in the following:  Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	Where did injury occur?
Mer Charberke Cit, Ind	(City or town) (County) (State)
Hotelian)	Means of Injury Injured at work?
18. Funeral director	(NOOD hand) (16) Medical Examiner
Address Clothon, ma	Scholar Coci County
19. (Date rec'd by registrar) (Degistr	Tar Addres / Cleany Out Ma Date signed 9/26-48

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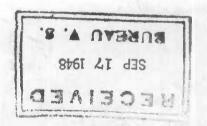


2411 N. Charles St., Baltimore

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	CERTIFICAT	E OF DEATH	Reg. Diat. No	94
1. PLACE OF DEATH:  County	nd give newest town)	2. USUAL RESIDENCE (HOM (For new Dyrn infants give eside State City or town (If outside with or town Street No.) 26 (If pure	County County	lieet
How long in hospital or institution?		2.(a) If veteran, name war		V
3. (a) FULL NAME John Re	krut	5.	3. (b) Social Security 226-03-	Number 9081
4. Sea S. Color or race . 6. (a) Single, married, Mulle Inc.	widowed, or divorced	20, DATE OF DEATH SCALE		11.45
6.(b) Name of husband or wife	eksut	21. I CERTIFY that death occurred on the c		
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years Months Days If less	s than one dayhrsmln.	Immedian cause of death  CACLO	iting of	. DURATION
9. Birthplace		Due Wingel	for heart	
11. Industry or business	,	All www.	orliage.	
13. Birthplace %	•	(Include pregnancy wi		
14. Maiden name form of	um,	Major findings of operations	Dale of op.	
16. Informant Address 1726 Portugal L	& Balto Md	PHYSICIAN: Please underline the cans		statistically.
16. Informant Mrs anna Kelon  Address 1726 Portugal L  17. Burical Date thereof C  (Burial, cremation, or removal, Which?)  Cemetery or crematory Holy Redea	(orth) (day) (year)	22. VIOLENCE: ff death was dur to extended.  Accident, suicide, or homicide.  Where did injury occur?  (City or	me date of I	1-11-48 Ind.
Location Baltinon, Co Ma	ryland	injured at home, farm, industry, model p	0	glian
18. Funeral director	r md	23 Pentel Doct	son Juhan	Cocil County
19. — 1948 Sarah.	S Rothermel Registrar	Addles Riam 9 Su	u Md-Date signed	9-12-4

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VS A15

### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

		A	0	020	4
Reg.	Dist.	No.	~	863	.4.

				rog. Diat. Ho	
1. PLACE OF DEA	ATH:		2. USUAL RESIDENCE (HOME) OF D	DECEASED:	
County Cecil City of town Perry Point, Maryland		state Pennsylvania County Lehigh			
City or town	utside eity or town li	mits, write RURAL and give nearest town)			
How long in above place	of death? 20 y	mits, write RURAL and give nearest town)	City or town Slatington (If outside city or town limits, w	rite RURAL and give near	est town)
Hospital, institution, or	street address where	death occurred:	Street No. 260 S. 2nd Stree	t	HARA .
VA Hospita	I, Perry	Point, Md.	(If pural, give LO	CATION)	
How long in hospital or	institution? 20	years 3 mos. 19 days	2.(a) It veleran, name war.		***************************************
3. (a) FULL NAME				3. (b) Social Security N	lumber
	SHOEN	BERGER, Wesley W.			
4. Sex	5. Cotor er race	S.(a)Single, married, widowed, or divorced	MEDICAL CER	TIFICATION	
Male	White	Single	20. DATE OF DEATHSeptember 3,	1.8	: 5.10P
			21. I CERTIFY that death occurred on the date above s		
B.(b) Name of husband	or wife		May 15, 1928 19		
7. Birth date of		8.(c) if alive, give age	and that I last saw him_ative on _Septe	mber 3, 1948	
deceased (mo., day, y	.) October	20, 1890			
8. AGE: Years	Months	Days If less than one day	CORONARY OCCLUSION		5 min.
57	10	1/4 hrs.			2.111111
Slat	ington Pe	nna.	Que to.		*******************************
9. Birthplace Mahama	(Town,	nna.	uue to		***********************
10. Usual occupation	Clerk	***************************************		***************************************	
11. Industry or business			Due 10	***************************************	***************************************
≝ 12. Name M.	Edward Sh	oenberger	Other conditions Dementia Praecox	.Hebenhrenic	
12. Name	Unknown				20 yrs
The same of the sa	II. I		(Include pregnancy within 3 months	the of desth)	
14. Malden name Unknown		Major fisdiogs at operations	***************************************		
				Daie of op	.,
16. Informani Ho	spital Rec	cords	Autopsy resolts None		
Address VA Hospital, Perry Point, Md.		PHYStCIAN: Please underline the cause to which	death shoold be charged st	tstisticslly.	
		0.5.14	22. VIOLENCE: 11 death was due to external causes,	flil in the following;	
17. Buria (Buria)	or removal, Which?)	Date thereof	Accident, sutcide, or homicide	Date of	
Cemetery or crematory Union Cemetery		Where did injury occur?	(O-v-4n)	/S4-4-)	
Slatizeton Lehigh County Pa.		Injured at home, farm, industry, public place (where		(State)	
Location	19	The state of the s		tnjured at work?	
18. Funeral director	ev a,	Jajieran y Say	Meens of Injury	injured at work?	
Address P	erryville.	TERSON & SON	1. 1.31140	lli	1 100
9 1.		SM	23. SIGNATUHE TROTTINGER M.D.	,Chief, M. D. or	other
(Date rec'd by reg	istrar) 19.7.8	Trene ( Regis	Professional Services VA Hospital Perry	ices	9-4-48
(District a by reg		Tock ()	rer   AddressVA Hospital, Perry	signed	terror de constituent



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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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### CERTIFICATE OF DEATH

Reg. Diat. No. 92

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County	(Fer newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital Institution, or strept address where death occurred	
lural play Elkton, Mix	Street No(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
George Harral & horh	( 220-12-6533
4. Sex 5. Color of race 8-(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Thale White Married	20. DATE OF DEATH. SIBL 88 - 1048 .5.15 P.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that Pattended deceased from
	Nec 301 647 10 Sept. 22 1147
7. Birth date of AAAA ATTT	and that I last saw him allies on Slph, 2 dd- 18 # I
deceased (mo., day, yr.)	Immediais couse of death Commany Sellroids with OURATION
8. AGE: Years Minths Days It less than one day	marked hyputrophy + congestive Jacluse 10 mos.
60 11 28hrsmin.	
9. Birthplace Olcal County and state	Due to
(Town, today)	
10. Usual occupation Harmles & Styles I fash	Que to
1t. Industry or business Allaware	
E 12 Hame alexander Darrah Short	Other conditions life bundle block gallop rhythr and
12. Hame Alexander Darral Short 13. Birthplace Rel	7.1.1.1.77
	(Include pregnancy within 3 months of death)
14. Maiden name Clase D. Simmons  15. Birthplace Yent Co. Maryland	Major findings of operations.
The Vi Vi Vi	Date of op
16. Informant Widow Kis My Glo Short	Autopsy results.
Address Slelon - RA	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 . 1 5014 2-11	22. VIOLENCE: It death was due to external causes, fill in the tollowing:
(Burial, cremation, or remoyal, Which?)	Accident, suicide, or homicide
Cemetery or crematory Head of Characterian	Where did injury occur? (City or town) (County) (State)
non newhole Dal as	Injured at home, farm, industry, public place (where?)
Location	Means of Injury Injured at work?
18. Funeral director Authority	7 41 mon ), 55
Address Eleton, Mil	A. H. Kneste M.
1 tar 10 7117	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) (Registrar	Address BlRWn - 112 Date signed 4/20/46

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

09335 Reg. Dtat. No....

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:  (For newborn infanta give residence of mother)
County.	200
City or lown (If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? 37 Alex	(If outside city or town/limits, write RURAL and give nearest town)
How long in above place of death?	
inspirer, institution, or street dearloss times dearloss	Street No
How long in hospital or institution?	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Flyn Ering D	meth 198-10-87/0
4. Set   5. Color or race   6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
ma Catal director	Latticelles us 12 de
orace sould. Single	20. DATE OF DEATH COLUMN 19.48 , 21 / 30 M
S,(b) Name of husband or wife	21. I CERTIFY that death occurred on the dato above stated; that I allended deceased from
7. Birth date of 7. Bir	and thal   last saw halive on
deceased (mo., day, yr.) Fly, 4. 1909	Immediate cause of Arth. DURATION
8. AGE: Years   Months   Days   It less than one day	milernal
39 7 3hrsmin.	Hemorage
D'UNI + md R N 1	
9. Birthplace (Town, county, and afate)	Due to October
Salvanda	
1D. Usual occupation	Duo 1o
11. Industry or business	
12 Name Charles Smith	Dither conditions
12. Name Shales Smith 13. Birthplace Port Deposit. md, R.D.	
	(Include pregnancy within 3 months of death)
王 14. Maiden name	Major fiediags of operations.
14. Maiden name Horloy Co, md,	Deto ot op.
mines Smith	Actorsy resolts Internal Demonay
18. informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Fort Dyosy.	22. VIOLENCE: Il death was due to external causes, fill in the following:
17   Burial, cremation, or removal, Which?    Bate thereol   Signature   Castonth   Ca	Accident, suicide, or homicia Mucuello, Bato of 9 -7 -4 8
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory Becket	Where did Injury occur (City or town) (Constant State)
Was Port Dehostle	Injured (A) hone, tarm, industry, public place (where) with the livery
Location A S 7	Manufact 4 cen morning at mork 3: 20 5 200
18. Funeral director.	mountal Exemina
Address Riving San. Ind.	1 / Cocil County
8.11-8/ 119 mmonth - 1-	73. 96 HONE M. D. or other
WOLDS- OF THE LANDS Registrar	add levery our mapato signed 9-8-48
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BUREAU V. S.

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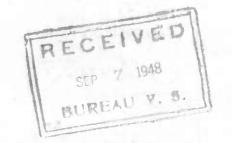
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# CERTIFICATE OF DEATH

Reg. Diat. No. 96

City or fown	E (HOME) OF DECEASED: ts give residence of mother)  (d		
How long in above piece of death?  Hospitel, Institution, or street eddress where death occurred:  VAH, Perry Point, Maryland  How long in hospitel or institution?  Same as above  3. (a) FULL NAME	Elkton e city or town limits, write RURAL and give nearest town)  • D• #5		
WAH, Perry Point, Maryland  How long in hospitel or institution?  Same as above  2.(a) If veteren, neme wer	. D. #5		
How long in hospitel or institution? Same as above 2.(a) If veteren, neme wer	(If rural, give LOCATION)		
3. (a) FULL NAME			
AT COURS TIME ON THE COURSE			
ALONZO LEACH SPEACE	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	705-09-1671 MEDICAL CERTIFICATION		
Male White Married	eptember 2nd 18 48 10:25 A		
6.(b) Name of husbend or wife Charlotte K. Speace 21. I CERTIFY that deeth occur	18 48 et 10:25 A		
August 4th	urred on the date above attack; that I attended deceased from  19. 48, to Sept. 2nd  19. 48		
deceased (mo., dey, yr.) February 4. 1897 end thet lest eaw him	alive on September 2nd 148		
8. AGE: Yeers   Months   Days   If less than one day   Immediate cause of death	DURATION		
51 6 28hrsmin.	a, lobar, right 2to 3 das		
9. Birthpiece New Jersey Oue to Infarction Tolograph Crown by the state of the stat	n myocardial left 2 +c2 w/s		
10. Usual occupetion			
11. Industry or business	sclerosis Unkn.		
Unier conditions	iesclerosis, Unka.		
	ed gnancy within 3 months of death)		
The section of the se	and a months of death)		
Hospital Bassad	Nete of on		
Antopsy results.	Antopsy results. Confirms above		
	e the cause to which death should be charged statistically.		
Removal  (Burial, cremation, or removal, Which?)  Dete thereof	due to externel causes, fill in the following;		
(month) (day) (year) Accident, suicide, or homicide,	Dete of		
West Nottingham Manual	Where did injury occur?		
Injured et home, ferm, industry,	public piece (where?)		
8. Funerel director	Injured et work?		
Address Rising Sun, Maryland	yyuu -		
	FR.M.D., Act.Chf., Prof.Services		
	Point, Md. M. D. 9/2/48		



2411 N. Charles St., Baltimore

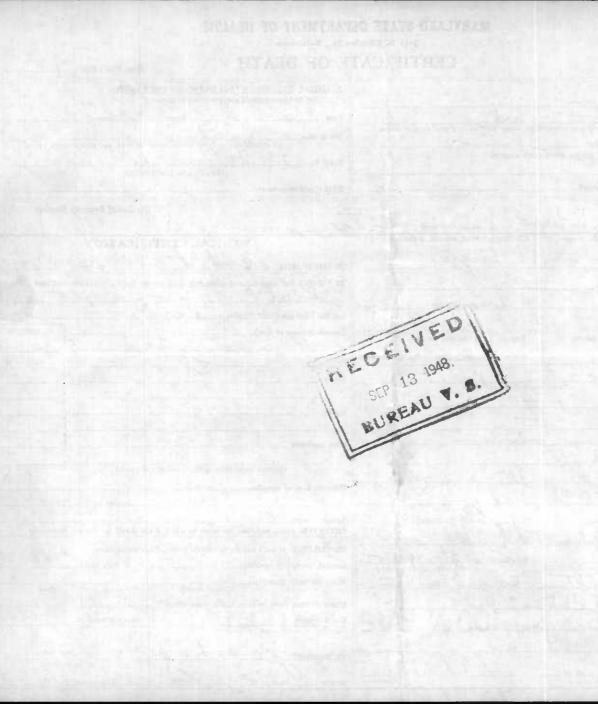
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### CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Glitter W	State Mangle County Coed
(If outside city or town limits, write RURAL and give nearest town)	0 7 00-
How long in above place of death?	
Hospitat, Institution, or street address where death eccurred:	Street Ne. 129 Million St.
	(titura, give LOCATION)
Hew long in hespital er institution?	2.(a) It veteran, name war
3. (a) FULL NAME Celful Lewis St	3. (b) Social Security Number
4. Sex 5. Coler er rage 6.(a) Single, married, widewed, er diverced	MEDICAL CERTIFICATION
male Colored Suple.	20. DATE OF DEATH Sept. 5 19 45 at 25 15 Km
6,(b) Name of husband or wite	
	first wed a feet of 19 4
7. Birth date of \$.(c) If alive, give ageyea	and that I last saw h amalive an Pest & 19 64
deceased (me., day, yr.) Sept 8 1948	Immediate cause of death
8. AGE: Years   Months   Days   If less than ene day  hrs	Magneting Farline 30 mt
9. Birthpiace Elation Mid.	Due to.
(Town, county, and state)	
10. Usual eccupation.	Due to.
11. Industry er business	Due 10.
E 12. Name Janis A Lus	1
12. Name Jews &	
	(tuclude pregnancy within 3 months of death)
14. Maiden name Maly Steven on 15. Sirthplace 506 at Mal	Major findings of operations.
× 15. Sirthplace	Bate ot op.
16. Intermant. Many Sleve-Son	Antopsy results.
Address & Olution Wind	PHYSICIAN: Please underline the cause to which death should be charged statistically.
0 0 1 194 10110	22. VIOLENCE: If death was due to external causes, fill in the following;
17(Burial, cremation, or removal. Which?)	Accident, suicide, or hemicide
Cometery or crematory Elitera Colored Comalan	Where did injury eccur?
6000 W ()	Indused at home farm Industrial making making (whose 2)
Lecation	Means of Injury Injury Injured at work?
18. Funeral director	· · · · · · · · · · · · · · · · · · ·
Address Eller mg	23. SIGNATURE James L. John mad.
10 Sept 10 10 48 FRF rager	M. D. or other
(Date sec'd by registrar) Registra	Taddress Date signed 9/9/60



2411 N. Charlee St., Baltimore

# CERTIFICATE OF DEATH

Reg. Diat. No..

1. PLACE OF DEATH:  County  City or town  (If outside city or town limits, write RURAL and give nearest town)  How long in above place of death?  Hospitat, institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)  State
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME William Henry	Lewart 7/3 From 8557
4. Sex 5. Color or race B.(a) Single, married, widowed, or divorced f	20. DATE OF DEATH SCRUBER 15 19.48 2/0 72 N
8.(b) Name of husband or wife. M. a.y. C. Stewart  8.(c) Name of husband or wife. M. a.y. C. Stewart  8.(c) It alive, give age. 7	21. I CERTIFY that death occurred on the dats above stated; that I attended deceased from 19.7
7. Birth date of deceased (mo., day, yr.)  8. AGE: Years   Months   Days   tt less than one day	and that I last saw h. An alive on Andl Duration  Immediate cause of death. Colonian Duration  2 August
9. Birthplace Wishmington, Mes Cartle Co. 19el	Due to Hypertennic Heart distance 5 years
10. Usual occupation. Railway Expres Engloye	Due to Conglative hart failure to wall
11. todustry or business    12. Name   R Stewart     13. Birthplace   Plaware	Dther conditions
14. Maiden name	(Include pregnancy within 3 months of death)  Major findings of operations
16. Informant Mrs William H. Sluvant	Autopsy results
17. Burial, Cremation, or removal, Which?)  Bate thereof Cat 19 19 48 (month) (day) (year)	22. VfOLENCE: It death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Location RD md	Where did injury occur?
18. Funeral director. Josepha P. Grany Address hould East, Mad	Means of Injury Injured at work?
15. Oct-18 48 Immunigton Registrar	23, SIGNATURE M. D7 or other  Address Date signed Date signed.



2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

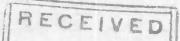
1860 Reg. Dist. No.

re l				
ly.	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mether)		
The	City or town Eele You	State County Cou		
fully.	(If outside city or town limits, write RURAL and give nearest town)			
refully a	Hospital, Institution, or street address where death occurred by Mary 1 2/2	Street No. 216 Bow		
on care clearly	How long in hospital or institution?	(If rural, give LOCATION)		
	3. (g) FULL NAME	3. (b) Social Security Number		
nformati of death	Anna May Vau	aha h		
	4. Sex 5. Color or race 6.(a) Single, married, wid wed, or divorced	MEDICAL CERTIFICATION		
Supply every item of ease write the causes	Female White Married	20. DATE OF DEATH. Se 6 t. 22 18 49 at 5 2 M		
	B.(b) Nama of hueband or wife William Vaughan			
		and that there name to the state of the stat		
	7. Birth date of deceased (mo., day, yr.) May 31 - 1981			
Supply sase w	8. AGE: Yeare Monthe Daye It less than one day	Immediate causa uf death		
Sup	67 3 22hremin.	K. J. C. A. S. C.		
G INK. Scians: ple	9. Birthplace Chesa bealo te ty, Escilh d.	Due to Tracoured Jemes, left Bug. 21		
	(Town, county, and state)			
icis	10. Usual occupation.	Due to		
Dag	11. Industry or business			
EN)	12. Name W. Cle M. A. Que & L. 13. Birthplace Ph. Ce del phia Qa.	Other conditions Cas dis Vascular - Zhal		
Z		disease - and Chabetes, well to.		
Y, WITH U	14. Maiden name Susan Sots Lace	(Include pregnancy within 3 months of death)		
	14. Maiden name Susan Sots Lace	Major findings of operations		
	~!	Date of op.		
	16, Informant	PHYSICIAN: Please underline the cause tu which death should be charged statistically.		
NI	Address William Valgham (216 Bow St Cliptas he			
PLAINLY is especial	17 Burral Date thereo Delt 25/48	22. VIOLENCE: If death was due to external causes, fill in the tollowing:  Accident, suicide, or homicide		
	(Burial, cremation, or removal. Which) (month) (dys) (year)	50 hyla Than a hilas 1.		
LE	Cemetery or crematory. 32 Chill	Where did injury occur?		
RI	Location near Chesoplake City Misk	Injured at home, tarm, industry, public place (where?)		
A	18. Funeral director. All Alabara 2	Maane of Injury Injured at work?		
SE	Soll of	21.1.		
EA	Addrees Chelon Mis	23. SIDNATURE OS. Y. W. Siene Leg		
10	19 Scot 75 19 48 Il Trager	5 06 42/1 d M. D. of other		
	(Date rec'd by registrar) Registrar	Addrese Date signed		

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

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SEP 27 1948

BUREAU V. S.

PLEASE WRITE

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### MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

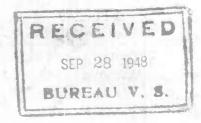
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### CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)  State		
County						
City or town			RURAL and give nearest town)			
How long in above place of death? 28 days				City or town Washington (If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:				Street No. Unknown		
WA Hospital, Perry Point, Md.  How long in hospital or institution? Same as above					LOCATION)	
	titution?	Dame.	as acove	2.(a) It veteran, name war		
3. (a) FULL NAME					3. (b) Social Security	Number
WANNALL,				Unknown		
	Color or race		e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
male	white		Married	20. DATE OF DEATH September 23, 19 48 at 3:45		
	u. Icol	nolle B	Wannall	21. I CERTIFY that death occurred on the date abo		
				August 25.	48 6 Septem	ber 23, 1948
7. Birth date of		3	c) If alive, give ageyears	and that I last saw h.i.m. alive on		
deceased (mo., day, yr.)	Decei	nber 9,	1 If less than one day	Immediate cause of death	***************************************	DURATION
8. AGE: Years 51				l. Carcinoma of esop	hagus	
	9	14	hrsmin.	2. Terminal pneumonia	a	Unknown
9. BirthplaceW	ashingto	on, D.C	ntate)	Due to		***************************************
10. Usuat occupation Gardener				Due to	***************************************	
11. Industry or business  12. Name Unknown				Diber conditions	•••••	***
12. Name	Unknow					
				(Include pregnancy within 3 a	months of death)	• • • •
14. Maiden name Unknown  15. Birthplace Unknown				Major findings of operations		
	Unknown				Date of op	
16. Informant	Hospita	l Recor	ds	Autopsy results.		
Address VAH, Perry Point, Md.				PHYSICIAN: Please underfine the cause to w		statistically.
7 Removal		Date ther	9_24_48	22. VIOLENCE: If death was due to external cau		
Removal  (Burial, cremation, or removal. Which?)  Oate thereof 9-24-48  (month) (day) (year)				Accident, suicide, or homicide		•
cemetery or crematory				Whers did Injury occur?(City or town)	(County)	(State)
Location Fort Myer, Virginia				Injured at home, farm, Industry, public place (w	here?)	
				Mesns of Injury	Injured at work?	
PENNINGTON & SON				1.3 (1 60	100.	
navre de Grace, Md.				23. SIGNATURE		
19. Sept. 2 (Dato rec'd by regist	4 19 48	- Ina	Registrar	A.E. TROLLINGER, M.D. Address VAH, Perry Point	Chf., Profess	ignal Sves
(Daye rec'd by registe	apy		/ Registrar	Address VAII Ferry Foint	Date signed	9-24-48



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ect age

ADING INK. Supply every item of information carefully. It Physicians: please write the causes of death clearly and legil

PLAINLY, WITH ONF is especially important.

PLEASE WRITE

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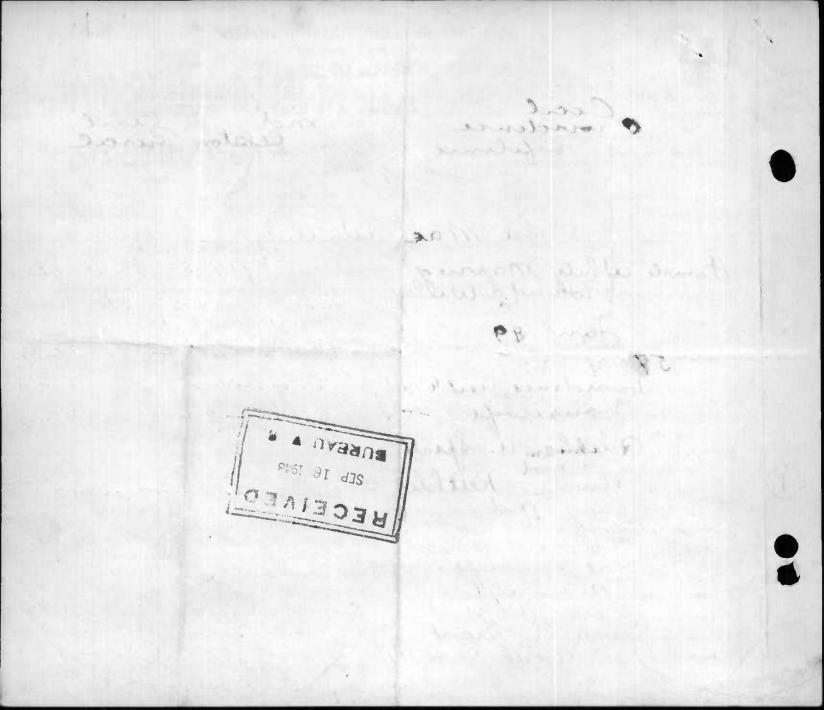
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2411 N. Charles St., Baltimore

4800

09338

	CERTIFICAT	E OF DEATH	Reg. Dist. No	92
1. PLACE OF DEATH: Cicl		2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of n	nother)	
C:1.F	and give nearest town)	State County or town Electron	Russel	
How long in above place of death?	~~~	(If outside city or town limits, Sireei No	***************************************	rest town)
How long in hospital or institution?	***************************************	2.(a) If veteran, name war		
3. (a) FULL NAME	Mac	Willey	3. (b) Social Security N	lumber
4. Sex 5. Color or race 6.(a) Single, married	d, widowed, or divorceo	9/11/4	RTIFICATION 8 19 48	14,43
6.(b) Name of husband or wife	Willey	20. DATE OF DEATH		
7. Birth date of deceased (mo., day, yr.)	give ageyeara	and that I leat saw h	. /	DURATION
8. AGE: Years Months Days 11 let 7 2 3	ss than one dayhrs min.	Browne Preus	~ <u> </u>	2 dy
9. Birthplace	eil 6 md	Due to Carcin mutas		6 mosts
10. Usual occupation	4	Due to Carcama 7	Cenn	4 years
12. Name Clashlan 11.	spratt	Other conditions		***************************************
14. Maiden name Connie	Leithley	(Include pregnancy within 8 m	nonths of death)	m
Parla 17 Will	0		Date of op	
Address Clother R D 5	shid	Antapsy results PHYSICIAN: Please underfine the cause to wh		statistically.
17	(donth) (day (year)	22. VIOLENCE: tf death was due to external cause Accident, suicide, or homicide	Date of	
Cemetery or crematory Whole	Sund	Whera did injury occur?(City or town) Injured at home, farm, industry, public place (wh		(State)
18. Funeral director coseph R. Z	rant	Meana of Injury	injured at work?	
Address / Morth	Eash md	23. SIGNATURE CULL	Z Mende	n othom
19. Sept 13 19.48 FIS	Juger Registrar	Address 200 Man	New Cate signed	8/11/43



2411 N. Charles St., Baltimore

### CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH:				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County				State Missouri County Crawford		
City or town (If outside city or town limits, write RURAL and give nearest town)			:URAL and give nearest town)			
			nos. 23 days	City or townSteelville	its, write RURAL and give near	est town)
Hospital, Institution, or	street address where	death occurred	l:	Street No.		
VA Hospital, Perry Point, Md.			int. Ma.	(If rural, give LOCATION)		
How long in hospital o	r Institution?Con	tinuou	sly since 1941	2.(a) If veteran, name war		
3. (a) FULL NAM	E				3. (b) Social Security N	umber
WIMMER,	(Mrs.) Lu	lu B.		None		
4. Sax	5. Color or race	6.(a)Singl	e, married, widowed, or divorced	MEDICAL	CERTIFICATION	
female	white	Di	vorced	2D. DATE OF DEATHSeptember	n 27 10 48	. 5:27 P
				21. I CERTIFY that death occurred on the date	hove stated: that I attended decay	ad from
6.(b) Name of husband	for wife	nknown		D		
	***************************************	6.(	c) If alive, give ageyears	and that I last saw h SEalive on Se		
deceased (mo., day,	yr.) June	26, 18	72	Immediate cause of death		DURATION
8. AGE: Year	s Months	Days	It less than one day	Chronic myocarditi		
76	3	1	hrsmin.	degeneration		Unknown
a Sinthalass Fo	9. Birthplace			Due to		***************************************
						********************
tD. Usual occupation.				Bue to		
11. industry or busines						
当 t2. Name	12. Name Ormal C. Bender - deceased  13. Birthplace Tennessee			Diher conditions		
13. Birthplace	Tenr	108800		(Include pregnancy within		
W Maldan name	Edra G.	Lowe	_ deceased			
14. Malden name	Dioh	ond, I		Major fiedings of operations		
≥ 15. Birthplace	RICH		T/v Tehrres			
	ospital Re			Actopsy results	which death should be charged a	tatistically.
Address VA	Hospital,	Perry	Point, Md.	22. VIOLENCE: If death was due to external		
Burial Date thereof Ost. 1, 1948 (Burial, cremation, or removal, Which?)				Accident, suicide, or homicide		
(Buriel exemption or removel Which?) [month] [d87] [Ve87]			[month] [day] [vear]			
Cemetery or crematory. Arlington National Cemetery				Where did Injury occur?(City or town		
Location Fort Myer, Virginia				Injured at home, farm, industry, public space		
tR Funeral direct	18. Funeral directo			Means of Injury Injured at work?		
F	PENNINGTON	& GON		1.2/10	0001:0	1
	e de Grace			23. SIGNATURE	eccuy	rother
19 Sept:	29 19 48	- In	ne & danglar	A. E. TROLLINGER.	M.D., Chief, Prof	esgional,
(Date rec'd by re	egistfar)		(Kegistrar	Address VAH, Perry Poin	t Manual Parent William	

ADING INK. Supply every item of information carefully. The correct age Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

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OCT 1 1948